Effect of Islamic-based spiritual therapy on self-esteem and mental health of addicts

Mohamad Khaledian[1], Malihe Pishvaei[2], Zahra Karami Baghteyfouni[1], Mahsid Smaeili[3]

1. Department of Psychology, Faculty of Psychology, Payame Noor University, Tehran, Iran
2. **Correspondence to:** Social Development & Health Promotion Research Center, Gonabad University of Medical Sciences, Gonabad, Iran
Email: pishvaei.m@gmu.ac.ir
3. Department of Psychology, Faculty of Psychology, Karaj Branch, Islamic Azad University, Karaj, Iran

Abstract

In Islamic teaching, the communication with God and remembering Him is considered a factor for mental unlocking and transcendence, which causes much psychological and health effects; religious and Islamic teachings particularly affect people's health. The present study was conducted with the aim to determine effect of Islamic-based spiritual therapy on mental health and self-esteem in addicts. This is an experimental pretest-posttest study with trial and control groups. This is an experimental pretest-posttest study with trial and control groups. Study population consisted of addicts from a methadone-therapy addiction treatment center. The sample size initially included 90 randomly selected addicts from the mentioned center, of whom 40 were chosen from those that scored the lowest in self-esteem questionnaire and highest in mental health questionnaire, and were then randomly divided into trial and control groups. The trial group received nine 2-hour sessions of spiritual therapy, but the control group received no intervention. Data were collected using the goldberg's general health questionnaire-28 and coopersmith's self-esteem inventory, and analyzed using covariance analysis. The results obtained confirmed effectiveness of spiritual therapy with emphasis on Islamic teachings in improving self-esteem and mental health of addicts.

Keywords: Addiction, Mental Health, Self-Esteem, Spirituality Therapy

Introduction

Centuries, and even thousands of years have elapsed since emergence of the Prophets and the great divine religions, and there has always been large number of believers, non-believers, and doubters. The understanding and proof of the influence of religion and faith in human life has been hugely important to both believers and non-believers alike. Naturally, proof of this issue is much more important in relation to Islam, which we believe to be the most perfect and complete religion. In recent decades, with the rapid growth in human knowledge and emergence of new sciences, the debate about influence of religion in different aspects of life is heated more than ever before. In this respect, psychology is among sciences that has always been a battle field of different ideas and thoughts. Right now, subjects such as psychology and religion, psychology and spirituality, etc. have been studied and critiqued by psychologists for years, and many institutions, associations, research centers and schools have been established for the purpose around the world. In Islamic teaching, the communication with God and remembering Him is considered a factor for

mental unlocking and transcendence, which causes much psychological and health effects; religious and Islamic teachings particularly affect people's health [1]. Today, many studies examine the effect of religiosity and spirituality on physical and mental health [2].

The opiate-dependence and abuse (opium and heroin) has become a major global challenge, and next to the nuclear crisis, population explosion, and environmental pollution, has engaged scientists' minds as the fourth critical problem. Until 1964, substance dependence and abuse was referred to as addiction, but to reduce its psychosocial impact, the World Health Organization (WHO) recommended that the above terms should replace the word "addiction". The control of opiate-dependence is highly important to this country. With 1925 kilometers of bordering with Afghanistan and Pakistan (considered the main global sources of poppy cultivation and opium and heroin production), Iran is located on the opium transit route to European countries, and is therefore particularly vulnerable [3]. Today, by reducing quality of life, increasing mortality rate, diminishing social and moral values, and increasing criminal behaviors, substance abuse is a major health-related issue. By changing the opiate system through a series of negative symptoms such as displeasure, general emotional numbness, a sense of discontinuation of life or disinterest in other people's feelings, substance abuse can cause a sense of withdrawal, forgetfulness and isolation, and reinforce continuity of use by regulating the opiate system [4]. In both personal and social dimensions, drug abuse profoundly affects legal, social, biological, and financial areas worldwide. In addition to millions of people suffering from this problem; it has indirect implications for millions of others [5].

Self-esteem is a sense of worth and satisfaction with oneself [6]. In other words, self-esteem means how people think about and like themselves; and how happy they are with their performance, especially in social, academic, and family terms, and how much their real self matches their own ideals [7].

Most experts consider self-esteem (self-evaluation) as the core and essential factor in social and emotional adaptation. This belief has a long history and is now developed. First, psychologists and sociologists such as William James, Herbert Mead, and Charles Cowley emphasized the importance of self-esteem, and referred to a series of attributes with which a person describes himself as "self-concept" [8]. According to the humanistic theory of Maslow, when a person feels loved and belonged, two types of need for respect are aroused in them; first, in the form of self-respect, they need to respect and value themselves, and they also need to be respected by others in the form of approval, or social position. Satisfied self-esteem enables the individual to feel confident about their capabilities, value, and adequacy, and will help them to be competent and effective in all aspects of life. In contrast, without self-esteem, they feel humiliated, frustrated and helpless, and unsure of their coping ability [9].

Normality and mental health are the main issues in applied and theoretical psychology. Mental health is an aspect of general concept of health, which seems to contain many clinical and theoretical concepts of normality in four practical perspectives, namely, normality as health, as ideal, as moderate, and as a process. However, the WHO experts have defined mental health as the ability to establish a harmonious relationship with others, change and reform social and personal environment, and rationally, fairly, and properly resolve conflicts and personal desires. A person that is able to adapt to their environment, people around and the society, in terms of mental health, is normal [10]. A feeling of vitality, happiness and exultation is a divine blessing, bestowed upon man as well-being and mental health. Moreover, mental health is considered a major factor affecting human development and transcendence [11]. However, health is a necessary condition for performing social roles, and mankind can only be active when he is healthy [12]. The huge changes of the

industrial world have profoundly affected human relationships and lifestyles. In the short term, these changes have caused uncertainty and ambiguity in people, which in turn have had a major role in their anxiety, confusion and vulnerability. As well as endangering his own mental health, an anxious person will also have sociability problems, and this can economically adversely affect the community [13]. The advances in psychology and complexity and dynamism of modern society have made spiritual needs of humans to stand up and become more important than his material needs [14]. According to a large number of scientists, all human illnesses are somehow related to mental pressures, and unfortunately, medication-therapy is not very effective in dealing with these pressures [15]. Hence, given the role of religion and religious orientation in improving mental health [16]; in recent decades, the importance of spiritual growth in humans has increasingly been considered by psychologists and mental health experts [17-20]. Given the lowering age of addiction, human and material costs of the fight against supply and distribution of drugs, physical and mental complications, huge expenditure of time, and poor rate of success, and lack of motivation of addicts for recovery (who merely use medication-therapy to relieve withdrawal symptoms), treatment of addicts has not produced the desirable outcomes. According to studies, 20% to 90% of addicts that receive medication-therapy appear to suffer relapse [5]. Previous studies have shown a positive correlation between religion and mental health [21-23], and high self-esteem [24]. The results of a study by Azhdarifard et al, titled "The effect of mysticism and spirituality on mental health of students" showed that this method led to improved mental health, improved physical and social performance, and reduced anxiety and depression in students [25]. In their longitudinal studies, McGregor [26], Kezdi et al [27] showed that teaching religious issues to children creates tendency toward religion in their adolescence and leaves a positive impact on their mental health. The results of a study

by Williams showed a relationship between religious practices and mental health [28]. Studying the effectiveness of spiritual therapy on mental health of divorced women, Gholami and Bashlideh showed that spiritual therapy is an appropriate method for improving mental health in these women, and that it can reduce physical symptoms, anxiety, and sleep disorders in them [13].

The importance of this study lies in the fact that Iran's Islamic society assesses many behaviors in personal and social lives of people directly or indirectly through religious teachings and beliefs. Since Islam has become the basis for social interactions, this study aims to examine the effects of religion and spirituality on mental and social lives of addicts, and by identifying the role of religion in all aspects of life, show spirituality as an alternative to medication-therapy for mental health and self-esteem problems in addicts. Therefore, given the importance of spiritual therapy and religious teachings for prevention purposes and improvement of mental health, the need for such teachings, especially in addicts, is revealed. Thus, according to previous studies on effect of spiritual therapy, emphasis on Islamic teachings prepares people for facing problems, social adaptation, and improved mental health and self-esteem. The information about spiritual therapy can be effective in psychological processes in addicts, such that their mental health and self-esteem can be improved through these procedures, which are also part of religious practices. The results obtained can be useful for the health system managers, so that they can pay greater attention to spiritual therapy through taking advantage of experienced workforce. Since our society also has to deal with addicts and addiction, the present study aims to determine the effectiveness of spiritual therapy on mental health and self-esteem in addicts, and verify the hypothesis that "spiritual therapy is effective on mental health and self-esteem in addicts". Thus, this study intends to investigate the effect of spiritual therapy on mental health and self-

esteem of addicts in a scientific process on trial and control groups in the town of Ghorveh.

Method

This is an experimental pretest-posttest study with trial and control groups. Study population consisted of 120 addicts attending methadone-therapy addiction treatment center in Ghorveh city (kurdistan province, Iran) in 2013. The sample size initially included 90 randomly selected addicts from the mentioned clinic, of whom, 40 were chosen from those that scored the highest in mental health questionnaire (high score indicates poor mental health) and the lowest in self-esteem questionnaire. Mean ±SD was 22.87±2.51 in self-esteem and in 35.11±3.6 in mental health. Participants were randomly divided into trial and control groups. The trial group received nine 120-minute sessions of spiritual therapy with emphasis on Islamic teachings, but the control group received no intervention. Data were analyzed in SPSS-19 using descriptive and inferential (covariance analysis) statistics.

General Health Questionnaire-28 (GHQ-28): Designed by Goldberg in 1978, this 28-item questionnaire contains four subscales, including physical complaints, anxiety, social dysfunction, and depression [29]. Scoring is based on the Likert scale (0-1-2-3), and varies from 0 to 84 points, with 23 as the cut-off point, such that participants scoring less than 23 are not considered sick [30]. In assessing the above four subscales (physical symptoms, anxiety and insomnia, social dysfunction, and depression), participants scoring above 14 in any of these subscales are considered to have a problem in that subscale [31]. Various studies have reported reliability of this questionnaire 0.81 [32]. In the present study, reliability of this questionnaire was confirmed through Cronbach's alpha as 0.78. Its reliability was also confirmed through confirmatory factor analysis, and its concurrent correlation with SCL-90 was found 0.77.

Cooper smith's Self-Esteem Inventory: Developed by Cooper smith in 1967, this 58-item scale is answered as "yes" or "No",

and subscales include general (26 items), social (8 items), family (8 items), academic-occupational (8 items), and lying (8 items). The overall and subscales' scores provide the context in which the individual has positive self-image. The overall score varies from 0 to 58 points [33]. In this questionnaire, test-retest coefficients were found 0.88 after 5 weeks interval and 0.7 after 3 years [34]. In the present study, reliability of this scale was found through Cronbach's alpha 0.82. Reliability was also confirmed through confirmatory factor analysis, and concurrent correlation with Rosenberg's self-esteem scale 0.82.

Summary of spiritual therapy sessions, with emphasis on Islamic teachings

Session one: Preparation; setting group goals and rules; introducing group members to one another; counseling and debate about spirituality and addiction; and implementation of self-esteem and mental health questionnaires.

Session two: Statement of problem; discussion about addiction and its effects in causing mental disorders

Session three: Komail prayer, worship, and religious practices

Session four: Quran verses and interpretation, reciting the divine names, explaining the divine fate, believing in a superior power who will guide us on the right path

Session five: Explaining the benefits of participation in religious practices, forgiveness and repentance, divine grace and compassion, believe that the creator is the best companion.

Session six: Listening to the sound of Quran, reading Quran with group members

Session seven: Quranic story of the appeal to the light of the apostles

Session eight: Explaining benefits of prayers, mass prayers, and biography of the prophet

Session nine: Summary and conclusion of sessions, talking about learning in the group, review and conclusion of the spiritual therapy educational program, and implementation of self-esteem and mental health questionnaires.

Results

The aim of the present research was to ascertain the effect of group reality therapy on the metal health and self- esteem of the people addicted with drugs where information about descriptive scores on mental health and self-esteem are provided in the pretest and posttest in the control and experimental groups and results of a report on the slopes homogeneity assumption as well as the test results of the covariance analysis on the mean scores of the pretest and posttest in the two groups with respect to, mental health and self-esteem are also listed.

Table 1 *Descriptive information of mental health scores and self-esteem in the pretests and posttest of the control and experimental groups*

Group	Stage	Mental health		Self esteem	
		Mean	Standard deviation	Mean	Standard deviation
Experimental	Pretest	35.8	3.33	21.2	2.24
	Posttest	27.15	2.27	26.85	2.7
Control	Pretest	37.2	4.4	22.05	2.46
	Posttest	35.9	2.64	21.9	2.12

The content of the Table (1) shows the descriptive information in the pretest and posttest with regards to mental health among the control and experiment groups. The mean mental health of the people in the experimental group in the pretest is 35.8 and 27.15 in the posttest while the same number for the students' mental health in the other group are 37.2 and 35.9 respectively .Also the content of the table shows the descriptive information in the pretest and posttest with regards to self -esteem among the control and experiment groups. The mean Self esteem of the people in the experimental group in the pretest is 21.2 and 26.85 in the posttest while the same number for the students' Self esteem in the other group are 22.05 and 21.9 respectivelyv

Table 2 *The results of the homogeneity of slopes assumption test*

Variables	Sum of sums	d.f	Mean squares	F	Sig	η^2
Group	16.384	1	16.384	3.214	0.081	0.082
Pretest	87.615	1	87.615	17.19	0.001	0.323
Pretest group	2.107	1	2.107	0.413	0.524	0.011
Error	183.493	36	5.097			

Findings of Table (2) indicate that the homogeneity of slopes with the value of $F_{(1,36)}=0.413$ for mental health has not been significant, hence, the homogeneity assumption of the regression slopes has been fulfilled for the variable of mental health. Given the above data, to examine the hypothesis in question the covariance was used whose results have been provided in the following Table (3).

Table 3 *Results of the covariance analysis on the mean pretest and posttest means in the control and experimental groups with regards to mental health*

Variables	Source of changes	Sum of Squares	d.f	Mean Square	F	Sig.	η^2
Mental health	Pretest	86.75	1	86.75	17.294	0.001	0.319
	Group	651.602	1	651.602	129.9	0.001	0.778
	Error	185.6	37	5.016			

The content of Table (3) indicates that the F value (F=119.232) and significance level of (0.001) in the variable of group shows that there is difference between the two groups in the posttest. Based on the results, group spiritual therapy are effective on the mental health of the students.

Table 4 *The results of the homogeneity of slopes assumption test*

Variables	Square of sum	d.f	Mean Square	F	Sig.	Eta square
Group	0.347	1	0.347	0.221	0.641	0.006
Pretest	165.808	1	165.808	105.59	0.001	0.746
Pretest group	1.724	1	1.724	1.098	0.302	0.03
Error	56.531	36	1.57			

Findings of Table (4) indicate that the homogeneity of slopes with the value of F(1,36)=778.0 for self-esteem has not been significant, hence, the homogeneity assumption of the regression slopes has been fulfilled for the variable of self-esteem. Given the above data, to examine the hypothesis in quetsion the covariance was used whose results have been provided in the following Table (5).

Table 5 *Results of the covariance analysis on the mean pretest and posttest means in the control and experimental groups with regards to self-esteem*

Variables	Source of change	Sum of Squares	d.f	Mean Square	F	Sig.	Eta square
Self-esteem	Pretest	164.095	1	164.095	104.222	0.001	0.738
	Group	314.223	1	314.223	199.574	0.001	0.844
	Error	58.255	37	1.574			

Table (5) shows a significant difference between trial and control groups in posttest (F=199.57 and Sig.=0.001). Hence, the results obtained confirmed the effectiveness of spiritual therapy on participants' self-esteem. In other words, spiritual therapy was able to improve self-esteem in the trial group participants. Moreover, Eta square=0.844 also confirmed high effectiveness of spiritual therapy on self-esteem.

Discussion

The present study aimed to determine the effectiveness of spiritual therapy on mental health and self-esteem in addicts. According to the study hypotheses and results, it can be concluded that spiritual therapy is effective in improving mental health and self-esteem in addicts, which agrees with the previous studies [13,16,21-28]. These results can be explained by the fact that spiritual therapy leads to self-acceptance and consistency of character, resulting in improved self-esteem by removing the gap between the actual and ideal self, or by establishing a link between the individual and the superior power. Furthermore, religious teachings cause integrity of character, and thus improve mental health and self-esteem [35].

In crisis and severe stress, followed by reduced control over behavior, the Quran demands that people should remember God. For instance: reciting from Quran: "When disaster falls upon them; they say, we are from God and will return to God" (Baghareh: 156). [36] Accordingly, if frequent remembering of God was not constructive and did not transcend man to reach the high stages of attention to God; it would not have been emphasized [37]. Imam Ali said; those who constantly remember God, keep their hearts clean, and their actions (hidden or revealed) will be decent and good [38]. This verse and hadith can provide a full explanation for these results. The state of relaxation and peace of mind from religion is because the individual knowingly and truly

loves religion. It has also been stated that the great people reached peace through prayer, Quran, and other religious practices. Like in the story of pulling an arrow out of Imam Ali's foot. At prayers, the Prophet would tell Balal: "Balal make us peaceful". When facing problems, great scholars such as Avicenna recited verses of prayers. Participation in religious rituals and worship such as prayers leads to reduced stress and relief from emotional distress [13]. The theory of development suggests that positive emotions help people to be flexible, creative and wise, virtuous, with greater social cohesion, and above all, greater physical health, so they can evolve towards recovery. Thus, it seems logical that believers enjoy benefits of health, well-being and self-esteem because they experience positive emotions more than non-believers. A realistic view of religious practices reveals that these practices can simply diminish negative emotions and unhealthy coping practices [14]. Finding positive meaning is perhaps the surest path in fostering positive emotions; such that religions provide their followers with visions to find positive meaning in both daily events and big challenges of life (such as diagnosis of cancer). They foster positive emotions such as happiness, peace, glory, gratitude, and hope [14]. Spiritual therapy is an important therapy, which mankind can use to prevent physical, mental, and social diseases, and rely on the eternal divine power and have hope and peace through the help from religion and prayers. Participation in religious ceremonies will have important psychosocial effects, in which, not only religious duties are performed, but also healthy and emotional interactions with the community of people are created. The present study results can be used to improve self-esteem and general health in people, especially in addicts. Studies have shown that having faith and acting upon religious commands, and participation in religious ceremonies can have an effective role in preventing and treating mental problems, and can improve health and well-being of people [39,40]. It is important for mental health professionals to identify and use religion of patients as an important alternative

and supportive source, and to advise them to take part in religious ceremonies, so that they can reach peace of mind . Its effect may be due to the fact that by increased religious tendencies, the individual finds a kind of self-control, which prevents the effect of external conditions, and avoids inappropriate situations, and thus they can maintain their mental health [22]. As the book of guidance for humans, which provides a comprehensive text for human education, firstly Quran considers spirituality to have an extensive scope that can include every human state, words, deed, motivation, and ideation; because it considers deism the essence of spirituality. Accordingly, anything with color and scent of compassion and divine motivation is within spirituality. As said (Sabae, 46)[36] and sincerity is considered the essence of all human actions, including worship, commercial, political, social etc., and accepts prayer, worship, contemplation, education and learning, governance and wisdom and politics and existence only in accordance with the divine principles, and commands (Maedeh 30) [36]. Secondly, it has a list of constructive principles for spirituality. Spirituality enables people to make healthy and correct behavioral choices in their lifetime, which leads to improved mental health in people, and can ultimately provide an appropriate prevention program, causing improved mental health and self-esteem in addicts, so that negative mentality toward drug use is created in them, and thus paving the way for treatment of addiction. According to Quran, spirituality is based on the principles of nature, absence, the holy divinity and law, and is fed through reason, knowledge, devotion, ad internal and external forces of. The spirituality referred to in Quran has a broad and comprehensive scope, which is the source of human happiness and the root of divine culture and civilization, and gives meaning to all devotion-social aspects and individual and collective life. The Quranic spirituality will be dynamic, effective, developing, creative, and productive, and never leaves mankind alone; a spirituality that is promising, warm, and flowing in all human

aspects, which is also an explanation for the results obtained. It is hoped that the crisis of humanity in the new era, seeking to link with the comprehensive Quranic spirituality returns to renovation of spirituality. Given that Iranians believe in Islam; it is necessary that along with the western method, we also use Islamic teachings and spiritual therapy, and test effect of Islamic methods against others, and equip ourselves with another tool by learning these methods, and use the right method in each situation. In recent decades, mysticism and spirituality have found their own place more than ever before. Experts in mysticism, wisdom, literature, and psychology have emphasized the magical role of mysticism and spiritual values in response to human developmental needs and treatment of mental diseases and reaching mental health and self-esteem. William James writes that what he means by religion, tradition and customs, citations is not rules and beliefs, because they are not the only religion. James believes that by referring to the essence of religion (spirituality), human finds special peace. He believes that belief in higher values and superior power is essential for mental health of mankind [25]. Attention to spiritual needs is part of a healthy life. Since man is a biological, psychological, social, and spiritual creature, all his needs should therefore be considered in life plan. Spirituality based on a monotheistic vision improves lifestyle, so that harmful behaviors are gradually diminished and healthy behaviors are flourished [25]. Pargament states: people have realized that spirituality can help them maintain their own health, and when they are in crisis; they often use spirituality as a coping method. Elkins believes that spirituality is essential for human happiness and mental health. Basically, mental health minus religious spirituality and mysticism wisdom is impossible, and is due to a misguided anthropology. At meta-physiological level, without monotheistic mysticism, the home of mental health is fragile [25].

It is hoped that based on the results obtained, strategies can be recommended for identifying factors affecting teaching of spiritual therapy with emphasis on Islamic teachings, mental health, self-esteem and barriers to them, so that actions and behaviors can be wisely organized, to provide the context for a healthy life in people with addiction. On the other hand, addicts can be guided toward a specific goal through spirituality, and achievement of the right result can provide a good guide for psychiatrists, psychologists, counselors, and all addicts and addiction treatment clinics. Considering the increasing trend of drug abuse, comprehensive countrywide studies are recommended. To familiarize people with addiction and its implications, it is recommended that educational workshops should be held, and a comprehensive program for reducing drug abuse across the community should be developed by authorities, experts and universities involved. Other recommendations include: a variety of prevention and treatment programs to prevent relapse, and programs such as: government fight against supply of opiates, the important role of mass media in enhancing people's knowledge of problems associated with addiction, the important role of parents in their interactions with each other and with children, teaching people to say "NO", teaching resistance to peer pressure .

Study limitations included researcher's inability to provide full and convincing answers to questions posed by attendees to spiritual therapy educational sessions. Also, due to social and legal problems associated with addiction; it was difficult to obtain their consents and clear response to questionnaires, and occasionally had to be performed surreptitiously.

Conclusion

Spiritual therapy education with emphasis on Islamic teachings is effective on mental health and self-esteem in addicts. Poor mental health and self-esteem may be an influential factor in addiction, and may even create an obstacle to addiction treatment, and cause relapse after treatment. Therefore, finding ways to improve mental health and self-esteem is highly important. As in all religions that appeal to God through prayers and special verses is common;

there is a belief in Islam that recitation of names of God and Quranic verses has a calming effect and affects treatment of diseases. Finding cure depends on the divine will and purity of human faith. In fact, spiritual therapy calms the heart, reinforces plans to achieve goals, and improves mental health and self-esteem.

Contribution
Study design: MP,MKH,ZKB
Data collection and Data analysis: MP,MKH,ZKB
Manuscript preparation: MP,MKH,ZKB,MS

Conflict of Interest
"The authors declare that they have no competing interests."

References
1- Naroei R, Salehi AM, Jandaghi GR. The effectiveness of the remembrance of God, on self-control based on Islamic sources. *Journal of Psychology and Religion*2013; 6(2): 19- 30.

2- Bahramiehsan H, Tamanaeifar S, Bahramiehsan Z. The relationship between religious orientation, mental health and psychological disorders. *Iranian Journal of Psychology*2005; 2(5): 35-42.

3- Farhadinasab A, Manikashani K. The effects of methadone therapy on depression after leaving the addicts the city of Hamedan. *Journal of Medical Sciences*2008; 16(2): 44-50.

4- Lotfikashani F, Askari A. The effectiveness of cognitive-behavioral therapy, methadone maintenance therapy and treatment on mental status changes to the way congress 60 crack addicts. *Quarterly Thoughts and Behavior in Clinical Psychology*2009; 3(12): 24-35.

5- Kamarzarrin H, Khaledian M, Shooshtari M, Ahmadimehr Z. A study on efficiency of Cognitive Behavioral Therapy (CBT) on increasing self-efficacy and improving addiction symptom among drug dependency patients. *Technical Journal of Engineering and Applied Sciences*2013; 3(13): 1297-304.

6- Bandura A, Adams NE. Analysis of self–efficacy theory in behavior change. *Cognitive Theory Ther & Res*2002; 23(1): 287–310.

7- Hosseini MA, Dejkam M, Mirlashari J. The correlation between self–esteem and Academic Achievement in Rehabilitation Students in Tehran University of Social Welfare and Rehabilitation. *The Iranian Journal of Education In Medicine*2007; 7(1): 137-42.

8- Bibangard S. Ways to increase self-esteem in children and adolescents. Tehran: Parents and teachers community publication; 2005.

9- Schultz DP, Schultz SE. Theories of personality. Tehran: Publication nashre viraysh; 2008.

10- Yaseminazhad P, Faizabadi Farahani Z, Golmohamadian M, Naderi N. The relationship between public health and procrastination. *Journal of Clinical Psychology and Personality*2013; 20(8): 35-46.

11- Yousefi AR, Baratali M, Erfan A. The relationship between mental health, employment and education in particular among women students of Isfahan university of medical sciences. *Iranian Journal of Medical Education (Special Educational Development)*2010; 10(5): 754-48.

12- Asad Zandi M, Saiari R, Ebadi A, Sanaeenasab H. Mental health status of military nurses. *Journal of Military Medicine*2009; 11(3): 141-35.

13- Gholami A, Bashlideh K. The effectiveness of Spirituality therapy on mental health of divorced women. *Journal of Consulting and Family Psychotherapy*2011; 1(3): 331-48.

14- Fredicson B. How religion helps us to health and well-being? Are positive emotions are active ingredients. *Journal of Psychology and Religion*2008; 1(3): 79-107.

15- Abolghasemi S. The impact of religious beliefs on young people's mental health. *Islam and Educational Research Journal*2010; 2(1): 47-69.

16- Coruh B, Ayele H, Pugh M, Mulligan T. Does religious activity improve health outcomes? A critical review of the recent literature. *Explore*2005; 1(3): 186-91.

17- Spilka B, Hood RW, Hunsberger B, Gorsuch R. The psychology of religion. 3rd Edition. New York: Guilford; 2003.

18- Aten JD, Schenck JE. Reflections on religion and health research: An interview with Dr. Harold G. Koenig. *Journal of Religion and Health*2007; 46: 183–90.

19- Aten DJ, Worthington EL. Next steps for clinicians in religious and spiritual therapy: an endpiece. *Journal of Clinical Psychology*2009; 65(2): 224-9.

20- Habibvand AM. Relationship between religious orientation with mental disorders and academic achievement. *Journal of Psychology and Religion*2008; 1(3): 79-107.

21- Sardovi GR. The effect of religious values during the treatment of patients with major depression. *Journal of Psychology and Religion*2009; 2(1): 35- 42.

22- Tabarraie R, Fathiashtiani A, Rasolzadeh Tabatabaei K. The share effect of religious orientation on mental health in comparison to demographic factors. *Journal of Psychology and Religion*2008; 1(3): 37- 62.

23- Kazemianmoghaddam K, Mehrabizadeh Honarmand M. Comparing religious attitude and mental health of male and female students of Behbahan Islamic Azad University. *Journal of Psychology and Religion*2009; 2(2): 173-87.

24- Ghamarigivi H. Spirituality, identity and mental health in the living area. *Journal of Psychology and Religion*2008; 1 (4): 43-71.

25- Azhdarifard PS, Ghazi G, Noranipour G. The effect of mysticism and spirituality on mental health education students. *Quarterly New Ideas in Education*2010; 5(2): 105-27.

26- MacGregor CA. Religious socialization and children's prayer as cultural object: Boundary works in children's 19th century Sunday school books. *Poetics*2008; 36: 435–49.

27- Kézdy A, Martos T, Boland V, Horváth K. Religious doubts and mental health in adolescence and young adulthood: The association with religious attitudes. *Journal of Adolescence*2010; 11: 1-9.

28- Williams A. Spiritual therapeutic landscapes and healing: A case study of St. Anne de Beaupre, Quebec, Canada. *Social Science & Medicine*2010; 70: 1633–160.

29- Goldberg D. Manual of the general health questionnaire. Windsor, England: NFER publishing; 1978.

30- Hemeyattalab R, Bazazan S, Lahmi R. Comparison of athletes and non-athletes happiness and mental health and Payam Noor University of Tehran. *Quarterly Movement*2003; 3(18): 131-40.

31- Khaledian M, Hasanpour S, Ghadermarzi H. A survey on the comparison of mental health and life expectancy in employed and unemployed people. *International Journal of Applied Psychology*2012; 2(6): 137-41.

32- Syeidahmadi M, Kaivanfar F, Koshan M, Mohamadiraoof M. Comparison of mental health status of athletes and non-athletes. *Journal of Sabzevar University of Medical Sciences*2010; 17(2): 116-22.

33- Ostadyan M, Sudani M, Mehrabizadeh Honarmand M. The effectiveness of group counseling rational way -emotional-behavioral Ellis, on test anxiety and self-esteem of female students in third grade middle school in Behbahan city. *Journal of Teaching and Learning, University of Shiraz*2009; 1 (2), 1-18.

34- Khaledian M. The effectiveness of life skills training on mental health and self-esteem of individuals addicted to drugs. *Journal of Social Psychology*2014; 8(29): 1-15.

35- Janbozorgi M. Evaluate the effectiveness of shortterm psychotherapy with or without religious orientation on harness anxiety and stress. [thesis] Tarbiat Modarres University 1999; pp: 50-1.

36- The Holy Qur'an, Translated by Safavi SMR. Tehran: Nashre maaref publication; 2008. pp: 1342.

37- Mesbah MT. Her memory. Qom: Publication of Imam Khomeini educational and research institute (RA); 2003.

38- Lysyvasty, AM. Hikam reticulated Valmovaez. Qom: Dar al-Hadith published; 1997.

39- Hackney CH, Sanders GS. Religiosity and mental health: A meta analysis of recent studies. *Journal for the Scientific Study of Religion*2003; 42: 43-55.

40- Hills P, Francis LJ. Primary personality trait correlates religious practice and orientation. *Personality and Individual Differences*2004; 36: 61-73.